

TOWN OF WESTON

BUILDING DEPARTMENT

Fax # (203) 222-2537

OIL/GAS TANK APPLICATION

I, the Undersigned, hereby make application for a permit to install an Oil or Gas tank (in accordance with the Building Code) as hereinafter described. I certify that I am familiar with the State of Connecticut Building Code as it applies to the work under my control and will give notice when work is ready for final inspection.

Job Address_____

Building Permit No. (if applicable)_____

Name of Building Owner_____

Address of Owner (if different from job address)_____

Description of work_____

Company Name_____

Company Address_____

Your Name_____Telephone No._____

Type of License_____License No._____Expiration Date_____

WHEN FAXING AN APPLICATION INCLUDE A COPY OF YOUR LICENSE

Estimated Cost of Work \$_____Permit Fee \$_____

Signature_____Date_____

Building Official_____ **Date**_____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

OWNER NAME

Map

Block

Lot
